

Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/757,925
				Filing Date	January 16, 2004
				First Named Inventor	Craig Hansen
				Art Unit	2181
				Examiner Name	Jesse R. Moll
Sheet	1	of	1	Attorney Docket Number	043876-0158

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	1	Control No. 95/000,100 Reexamination Certificate issued 02/02/10	<input type="checkbox"/>
	2	Control No. 90/007,583 Notice of Intent to Issue Ex Parte Reexamination Certificate 01/15/10	<input type="checkbox"/>
	3	Serial No. 11/878,804 Non-final office action mailed 01/27/10	<input type="checkbox"/>
	4	Serial No. 11/878,814 Notice of Allowance mailed 01/08/10	<input type="checkbox"/>
	5	Serial No. 11/878,814 Notice of Drawing Inconsistency with Specification 01/28/10	<input type="checkbox"/>
	8	Serial No. 11/878,814 Response to Notice of Drawing Inconsistency 02/18/10	<input type="checkbox"/>
	7	Serial No. 11/878,814 Response to Rule 312 Communication 03/01/10	<input type="checkbox"/>
			<input type="checkbox"/>

Examiner Signature	/Jesse Moll/	Date Considered	11/06/2010
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.